



PTO/SB/21

U.S. Department of Commerce  
Patent and Trademark Office  
PATENT

## AMENDMENT TRANSMITTAL FORM

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450Customer No.: 23696  
Attorney Docket No.: 000054  
In Re Application of: JALALI  
Serial Number: 09/943,277  
Filed: 8/30/2001  
Examiner: S. TSEGAYE  
Group Art Unit: 2662

Dear Sir:

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JUN 21 2004

Technology Center 2600

Transmitted herewith for filing is a Response to Office Action in the above identified application.

In addition, the following documents are enclosed:

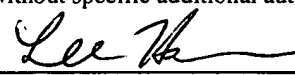
1. ☐ A Petition for Extension of Time: ( ) month(s) is hereby requested.
2. ☐ Information Disclosure Statement (IDS):
  - a. ☐ PTO-1449
  - b. ☐ Copies of IDS Citations (number of citations: )
3. ☐ Change of Attorney's Address in Application.
4. ☐ Other:

| CLAIMS                                                                                | (a) Number<br>Remaining After<br>Amendment | (b) Highest<br>Number<br>Previously Paid<br>For | (c)<br>Extra<br>Claims                                | Large Entity Fee | Fee Paid |
|---------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------|-------------------------------------------------------|------------------|----------|
| Total*                                                                                | 35                                         | 35                                              | 0                                                     | x \$18 =         | \$0.00   |
| Independent**                                                                         | 9                                          | 8                                               | 1                                                     | x \$86 =         | \$86.00  |
| Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input type="checkbox"/> No |                                            |                                                 |                                                       | \$290            | \$0.00   |
| EXTENSION FEES                                                                        |                                            |                                                 | <input type="checkbox"/> One Month                    | \$110            | \$0.00   |
|                                                                                       |                                            |                                                 | <input type="checkbox"/> Two Months                   | \$420            | \$0.00   |
|                                                                                       |                                            |                                                 | <input type="checkbox"/> Three Months                 | \$950            | \$0.00   |
| INFORMATION DISCLOSURE<br>STATEMENT                                                   |                                            |                                                 | <input type="checkbox"/> After First<br>Office Action | \$180            | \$0.00   |
|                                                                                       |                                            |                                                 | <input type="checkbox"/> After Final<br>Office Action | \$130            | \$0.00   |
| TERMINAL DISCLAIMER                                                                   |                                            |                                                 |                                                       | \$110            | \$0.00   |
|                                                                                       |                                            |                                                 |                                                       | TOTAL FEE        | \$86.00  |

\*If the number in column a is less than 20, enter 0 in column c.  
\*\*If the number in column a is less than 3, enter 0 in column c.

5. ☐ Fee check in the amount of \$\_\_\_\_\_ is enclosed to pay for any claim and/or extension fees.
6. ☒ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$86.00.  
The Commissioner is hereby authorized to charge payment of any additional fees which may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
7. ☒ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: 6/8/2004

Signature: Lee Hsu, Reg. No. 39,716  
(858) 651-5155QUALCOMM Incorporated  
Attn: Patent Department  
5775 Morehouse Drive  
San Diego, California 92121-1714  
Telephone: (858) 651-4125  
Facsimile: (858) 658-2502

2662/\$  
PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application )

No. 09/943,277 )

JALALI )

Examiner: SABA TSEGAYE )

Filed: August 30, 2001 )

For: METHOD AND APPARATUS  
FOR MULTI-PATH  
ELIMINATION IN A  
WIRELESS COMMUNICATION  
SYSTEM

) Group No. 2662

RESPONSE TO OFFICE ACTIONMail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

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JUN 21 2004

Technology Center 2600

Dear Commissioner:

In response to the Office Action dated March 9, 2004, please amend the above-identified application as indicated below.

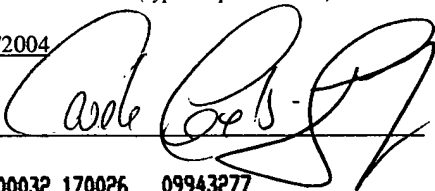
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**CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))**

I hereby certify that this correspondence is, on the date shown below, being:

**MAILING**

- ☒ deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Depositor's Name: Carola Emelius-Swartz  
(type or print name)Date: 6/8/2004Signature: **FACSIMILE**

- ☐ transmitted by facsimile to the Patent and Trademark Office.

Depositor's Name: \_\_\_\_\_  
(type or print name)

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

06/14/2004 HLE333 00000032 170026 09943277

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